



2020-2021 School Year

**Aftercare PreK After-school Program Application**

After-school care from 11:30am-2:50pm for PreK2 – PreK4 students

<b>Parent FACTS account name</b> (please print)	<b># of Days Attending Aftercare</b>	
<b>Child full name</b> (please print)	<b>Grade</b>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Aftercare is a state-licensed after school program available for PreK students. Due to space limitations and state staffing requirements, we are asking that you register in advance for the specific days you will need after-school care, **by Monday, March 16, 2020**. You must submit this application to register your child(ren) if you intend to use the Aftercare program, indicating the days you will need Aftercare. **There is a \$50-per-child application fee for Aftercare that will be drafted with your August FACTS tuition payment if not submitted via check or cash before then (for Aftercare registrants also signing up for EDP, your Aftercare application fee also covers your EDP application).**

**Payment Options:** 1. Monthly draft through the FACTS tuition payment plan system.  
 (Circle One) 2. Pay in full before school starts on August 12, 2020

**Aftercare Preschool Program Annual Rates**

# of days your child will attend Aftercare (Please circle)	** Circle the days in which your child will attend Aftercare **	Cost per child
5	ALL	\$3,640
4	M T W T H F	\$3,328
3	M T W T H F	\$2,704
2	M T W T H F	\$2,080
1	M T W T H F	\$1,248
Drop-in Rate		\$35.00 per child/day Registration fee waived except in cases of repeated drop-ins.

Payment and Late Charges

- For students attending more days per week than indicated above, you will be billed the drop-in rate of \$35 a day for the extra day(s).
- If your schedule changes from what you indicate above please notify the Preschool & EDP director, Tracy Cupolo, at [tcupolo@ckslex.org](mailto:tcupolo@ckslex.org), or the business manager, David Stromquist, at [dstromquist@ckslex.org](mailto:dstromquist@ckslex.org).
- No adjustments will be made for absences or illnesses.
- There is a late charge of \$1.00 per minute after 2:50 p.m. for students not picked up by that time. This additional fee will be billed to your FACTS account.

**Parent/Guardian Consent and Release**

[Aftercare Guidelines/Procedures for 2020-2021](#) [PDF]

I am requesting that my child(ren) listed above to be admitted to Christ the King School’s (CKS) Aftercare program, and I understand the nature and scope of the program listed above, and will adhere to all guidelines and procedures of the program, a copy of which I acknowledge has been provided to me (link above). I understand that there are risks associated with the program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and the other participants. In the event that I cannot be reached in an emergency involving my child I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such personnel. I also give permission for my child to be included in photos or videos, without identifying information, for promotional use. In consideration of my child being permitted to enroll in the program, I hereby release, indemnify, and hold harmless Christ the King School, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in Aftercare.

I understand that I must separately submit, on a paper form provided to me, parent/guardian and emergency contact, authorized pick-up, and medical/insurance information, and that the Aftercare program cannot assume responsibility for a child for whom that form or any necessary application or registration form is not filed with the Director.

I give permission for my enrolled child(ren) to participate in any planned walking field trips.

I give consent to any hospital or emergency treatment center, doctor, or qualified employees of same, to administer necessary treatment and care in the event that I cannot be reached in case of an emergency, and I further give permission to the physician, selected by the adult leader in charge of the Aftercare program, to hospitalize, secure proper anesthesia, or to order injection(s) or surgery for my child(ren) listed above in such case.

I agree to pay for the Aftercare program according to my choices and the terms set out on Page 1 of this application, and I understand and agree that there will be no reimbursement of fees for days that Aftercare is closed due to special events or inclement weather, including the following scheduled and unscheduled closures:

- Any day(s) that CKS is closed
- Tuesday, October 13, 2020
- Friday, December 21, 2020 (CKS dismisses early for Christmas break)
- Tuesday, February 23, 2021
- Friday, May 21, 2021

**Parent’s Name** (please print)

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_